



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 14-04385-65**

**Review of Community Based  
Outpatient Clinics and Other  
Outpatient Clinics  
of  
Tomah VA Medical Center  
Tomah, Wisconsin**

**January 15, 2015**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

**Telephone: 1-800-488-8244**

**E-Mail: [vaoighotline@va.gov](mailto:vaoighotline@va.gov)**

**(Hotline Information: [www.va.gov/oig/hotline](http://www.va.gov/oig/hotline))**

## Glossary

AUD	alcohol use disorder
CBOC	community based outpatient clinic
EHR	electronic health record
EOC	environment of care
ER	emergency room
FY	fiscal year
HIV	human immunodeficiency virus
NA	not applicable
NM	not met
OIG	Office of Inspector General
OOC	other outpatient clinic
PACT	Patient Aligned Care Teams
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

## Table of Contents

	Page
<b>Executive Summary</b> .....	i
<b>Objectives, Scope, and Methodology</b> .....	1
Objectives .....	1
Scope.....	1
Methodology .....	1
<b>Results and Recommendations</b> .....	3
EOC .....	3
AUD .....	6
HIV Screening.....	8
Outpatient Documentation .....	9
<b>Appendixes</b>	
A. Clinic Profiles.....	10
B. PACT Compass Metrics .....	11
C. VISN Director Comments .....	14
D. Facility Director Comments .....	15
E. Office of Inspector General Contact and Staff Acknowledgments .....	20
F. Report Distribution .....	21
G. Endnotes .....	22

## Executive Summary

**Review Purpose:** The purpose of the review was to evaluate selected patient care activities to determine whether the Community Based Outpatient Clinics (CBOCs) and other outpatient clinics (OOCs) under the oversight of the Tomah VA Medical Center and Veterans Integrated Service Network 12 provide safe, consistent, and high-quality health care. The review evaluated the clinics' compliance with selected requirements for alcohol use disorder, human immunodeficiency virus (HIV) screening, and outpatient documentation. We also randomly selected the Wausau, WI, CBOC as a representative site and evaluated the environment of care on October 28, 2014.

**Review Results:** We conducted four focused reviews and had no findings for the Outpatient Documentation review. However, we made recommendations for improvement in the following three review areas:

Environment of Care: Ensure that:

- Managers' review of the hazardous materials inventory occurs twice within a 12-month period at the Wausau CBOC.
- Hand hygiene compliance is monitored at the Wausau CBOC and reported to the Infection Control Committee.
- Privacy is provided for veterans in the examination rooms at the Wausau CBOC.
- The information technology server closet at the Wausau CBOC is maintained according to information technology safety and security standards.
- Staff at the Wausau CBOC receive regular information and updates on their responsibilities in emergency response operations.
- Staff at the Wausau CBOC participate in scheduled emergency management training and exercises.

Alcohol Use Disorder: Ensure that:

- Clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
- RN Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.
- Providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Human Immunodeficiency Virus Screening: Ensure that:

- Clinic staff ensures that written patient educational materials provided to patients prior to or at the time of consent for HIV testing include all required elements.

**Comments**

The VISN and Facility Directors agreed with the CBOC and OOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes C and D, pages 14–19, for the full text of the Directors’ comments.) We will follow up on the planned actions for the open recommendations until they are completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Objectives, Scope, and Methodology

### Objectives

The CBOC and OOC reviews are an element of the OIG's efforts to ensure that our Nation's veterans receive high-quality VA health care services. As such, the CBOC and OOC reviews are recurring evaluations of selected outpatient care activities that focus on patient care quality and the EOC. In general, our objectives are to determine whether:

- The selected CBOC is compliant with EOC requirements.
- The CBOCs/OOCs are compliant with selected VHA requirements for AUD care.
- The CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.
- Healthcare practitioners at the CBOCs/OOCs comply with the requirements for outpatient documentation.

### Scope

To evaluate for compliance with requirements related to patient care quality and the EOC, we conducted an onsite inspection, reviewed clinical and administrative records, and discussed processes and validated findings with managers and employees. The review covered the following four activities:

- EOC
- AUD
- HIV Screening
- Outpatient Documentation

The scope of this review is limited to the established objectives. Issues and concerns that come to our attention but are outside the scope of this standardized inspection will be reviewed and referred accordingly.

### Methodology

The onsite EOC inspection was only conducted at a randomly selected outpatient site of care that had not been previously inspected.<sup>1</sup> Details of the targeted study populations

---

<sup>1</sup> Each outpatient site selected for physical inspection was randomized from all primary care CBOCs, multi-specialty CBOCs, and health care centers reporting to the parent facility and was operational and classified as such in VA's Site Tracking Database by October 1, 2014.

for the AUD, HIV Screening, and Outpatient Documentation focused reviews are noted in Table 1.

**Table 1. CBOC/OOC Focused Reviews and Study Populations**

Review Topic	Study Population
AUD	All CBOC and OOC patients screened within the study period of July 1, 2013, through June 30, 2014, and who had a positive AUDIT-C score; <sup>2</sup> and all licensed independent providers, RN Care Managers, and clinical associates assigned to PACT prior to October 1, 2013.
HIV Screening	All outpatients who had a visit in FY 2012 and had at least one visit at the parent facility's CBOCs and/or OOCs within a 12-month period during April 1, 2013, through March 31, 2014.
Outpatient Documentation	All patients new to VHA who had at least three outpatient encounters (face-to-face visits, telephonic/telehealth care, and telephonic communications) during April 1, 2013, through March 31, 2014.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

The review was performed in accordance with OIG standard operating procedures for CBOC and OOC reviews.

<sup>2</sup> The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders. Scores range from 0–12.

## Results and Recommendations

### EOC

The purpose of this review was to evaluate whether CBOC managers have established and maintained a safe and clean EOC as required.<sup>a</sup>

We reviewed relevant documents and conducted a physical inspection of the Wausau CBOC. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 2. EOC**

NM	Areas Reviewed	Findings	Recommendations
	The furnishings are clean and in good repair.		
	The CBOC is clean (walls, floors, and equipment are clean).		
X	The CBOC's inventory of hazardous materials was reviewed for accuracy twice within the prior 12 months.	The CBOC's inventory of hazardous materials and waste at the Wausau CBOC was not reviewed for accuracy twice within the prior 12 months.	<b>1.</b> We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Wausau CBOC.
	The CBOC's safety data sheets for chemicals are readily available to staff.		
	If safety data sheets are in electronic form, the staff can demonstrate ability to access the electronic version without coaching.		
	Employees received training by December 1, 2013, on the new chemical label elements and safety data sheet format.		
	Clinic managers ensure that safety inspections of CBOC medical equipment are performed in accordance with Joint Commission standards.		

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Hand hygiene is monitored for compliance.	Hand hygiene was not monitored for compliance at the Wausau CBOC.	<b>2.</b> We recommended that hand hygiene compliance is monitored at the Wausau CBOC and reported to the Infection Control Committee.
	Personal protective equipment is readily available.		
	Sterile commercial supplies are not expired.		
	The CBOC staff members minimize the risk of infection when storing and disposing of medical (infectious) waste.		
	The CBOC has procedures to disinfect non-critical reusable medical equipment between patients.		
	There is evidence of fire drills occurring at least every 12 months.		
	Means of egress from the building are unobstructed.		
	Access to fire extinguishers is unobstructed.		
	Fire extinguishers are located in large rooms or are obscured from view, and the CBOC has signs identifying the locations of the fire extinguishers.		
	Exit signs are visible from any direction.		
	Multi-dose medication vials are not expired.		
	All medications are secured from unauthorized access.		
	The staff protects patient-identifiable information on laboratory specimens during transport.		
	Documents containing patient-identifiable information are not visible or unsecured.		
	Adequate privacy is provided to patients in examination rooms.		

NM	Areas Reviewed (continued)	Findings	Recommendations
	Window coverings, if present, provide privacy.		
X	Adequate privacy is provided at all times (for example: use of privacy curtains, placement of examination tables, and restroom access).	Adequate privacy was not provided to patients in the designated women's health examination rooms at the Wausau CBOC.	<b>3.</b> We recommended that privacy is provided for veterans in the examination rooms at the Wausau CBOC.
	The women veterans' exam room is equipped with either an electronic or manual door lock.		
	The information technology network room/server closet is locked.		
X	Access to the information technology network room/server closet is restricted to personnel authorized by Office of Information and Technology.	Access to the information technology network room/server closet at the Wausau CBOC was not restricted to personnel authorized by Office of Information and Technology.	<b>4.</b> We recommended that the information technology server closet at the Wausau CBOC is maintained according to information technology safety and security standards.
X	Access to the information technology network room/server closet is documented.	Access to the information technology network room/server closet at the Wausau CBOC was not documented.	
	All computer screens are locked when not in use.		
	Information is not viewable on monitors in public areas.		
	The CBOC has an automated external defibrillator.		
	There is an alarm system and/or panic buttons installed and tested in high-risk areas (e.g., mental health clinic), and the testing is documented.		
X	CBOC staff receive regular information/updates on their responsibilities in emergency response operations.	The CBOC staff at the Wausau CBOC did not receive regular information/updates on their responsibilities in emergency response operations.	<b>5.</b> We recommended that the staff at the Wausau CBOC receive regular information and updates on their responsibilities in emergency response operations.
X	The staff participates in scheduled emergency management training and exercises.	The staff at the Wausau CBOC did not participate in scheduled emergency management training and exercises.	<b>6.</b> We recommended that the staff at the Wausau CBOC participate in scheduled emergency management training and exercises.

## AUD

The purpose of this review was to determine whether the facility's CBOCs and OOCs complied with selected alcohol use screening and treatment requirements.<sup>b</sup>

We reviewed relevant documents. We also reviewed 38 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 3. AUD**

NM	Areas Reviewed	Findings	Recommendations
X	Diagnostic assessments are completed for patients with a positive alcohol screen.	Staff did not complete diagnostic assessments for 19 of 38 patients (50 percent) who had positive alcohol use screens.	<b>7.</b> We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.
	Education and counseling about drinking levels and adverse consequences of heavy drinking are provided for patients with positive alcohol screens and drinking levels above National Institute on Alcohol Abuse and Alcoholism guidelines.		
	Documentation reflects the offer of further treatment for patients diagnosed with alcohol dependence.		
	For patients with AUD who decline referral to specialty care, clinic staff monitored them and their alcohol use.		
	Counseling, education, and brief treatments for AUD are provided within 2 weeks of positive screening.		
X	Clinic RN Care Managers have received motivational interviewing training within 12 months of appointment to PACT.	We found that 12 of the 17 RN Care Managers did not receive MI training within 12 months of appointment to PACT.	<b>8.</b> We recommended that RN Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

NM	Areas Reviewed (continued)	Findings	Recommendations
X	Clinic RN Care Managers have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 5 of 17 RN Care Managers did not receive health coaching training within 12 months of appointment to PACT.	See Recommendation 8.
X	Providers in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 10 of 17 providers did not receive health coaching training within 12 months of appointment to PACT.	9. We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.
X	Clinical associates in the outpatient clinics have received VHA National Center for Health Promotion and Disease Prevention-approved health coaching training (most likely TEACH for Success) within 12 months of appointment to PACT.	We found that 12 of 17 clinical associates did not receive health coaching training within 12 months of appointment to PACT.	
	The facility complied with any additional elements required by VHA or local policy.		

## HIV Screening

The purpose of this review was to determine whether CBOCs/OOCs are compliant with selected VHA requirements for HIV Screening.<sup>c</sup>

We reviewed the facility’s self-assessment, VHA and local policies, and guidelines to assess administrative controls over the HIV screening process. We also reviewed 40 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement.

**Table 4. HIV Screening**

NM	Areas Reviewed	Findings	Recommendations
	The facility has a Lead HIV Clinician to carry out responsibilities as required.		
	The facility has policies and procedures to facilitate HIV testing.		
	The facility had developed policies and procedures that include requirements for the communication of HIV test results.		
X	Written patient educational materials utilized prior to or at the time of consent for HIV testing include all required elements.	Written patient educational materials utilized prior to or at the time of informed consent did not include all elements, specifically description of HIV disease, a description of HIV testing, expected benefits of HIV testing, alternative to HIV testing, the meaning of positive and negative HIV test results, a description of how HIV is transmitted, and a description of measures to be taken to prevent HIV transmission.	<b>10.</b> We recommended that clinic staff ensures that written patient educational materials provided to patients prior to or at the time of consent for HIV testing include all required elements.
	Clinicians provided HIV testing as part of routine medical care for patients.		
	When HIV testing occurred, clinicians consistently documented informed consent.		
	The facility complied with additional elements as required by local policy.		

## Outpatient Documentation

The purpose of this review was to determine whether healthcare practitioners at the CBOCs/OOCs comply with selected requirements for outpatient documentation.<sup>d</sup>

We reviewed relevant documents. We also reviewed 39 EHRs and validated findings with key managers and staff. The table below shows the areas reviewed for this topic. The facility generally met requirements. We made no recommendations.

**Table 5. Outpatient Documentation**

NM	Areas Reviewed	Findings	Recommendations
	Patients' EHR contains a history of the illness or injury and physical findings when first admitted in outpatient care.		
	Randomly selected progress notes contain the required documentation components in the EHR.		

## Clinic Profiles

The CBOC/OOC review evaluates the quality of care provided to veterans at all of the outpatient clinics under the parent facility's oversight.<sup>3</sup> In addition to primary care integrated with women's health, mental health, and tele-health services, the CBOCs provide various specialty care and ancillary services. The following table provides information relative to each of the outpatient clinics and lists the additional specialty care and ancillary services provided at each location.

Location	Station #	Rurality <sup>6</sup>	Outpatient Workload/Encounters <sup>4</sup>			Services Provided <sup>5</sup>	
			PC	MH	Specialty Clinics <sup>7</sup>	Specialty Care <sup>8</sup>	Ancillary Services <sup>9</sup>
Wausau, WI	676GA	Urban	8,963	6,198	78	NA	MOVE! Program <sup>10</sup> Pharmacy Prosthetics/Orthotics
La Crosse, WI	676GC	Urban	10,007	9,336	101	NA	MOVE! Program Pharmacy Rehabilitation Services
Wisconsin Rapids, WI	676GD	Rural	7,924	2,943	2,842	Optometry	Audiology Home Based Primary Care MOVE! Program Pharmacy Rehabilitation Services
Owen, WI	676GE	Rural	1,659	654	16	NA	MOVE! Program

<sup>3</sup> Includes all CBOCs in operation before April 1, 2014.

<sup>4</sup> An encounter is a professional contact between a patient and a practitioner vested with responsibility for diagnosing, evaluating, and treating the patient's condition. Encounters occur in both the outpatient and inpatient setting.

<sup>5</sup> The denoted Specialty Care and Ancillary Services are limited to Primary Clinic Stops with a count  $\geq 100$  encounters during the October 1, 2013, through September 30, 2014, timeframe at the specified CBOC.

<sup>6</sup> <http://vssc.med.va.gov/>

<sup>7</sup> The total number of encounters for the services provided in the "Specialty Care" column.

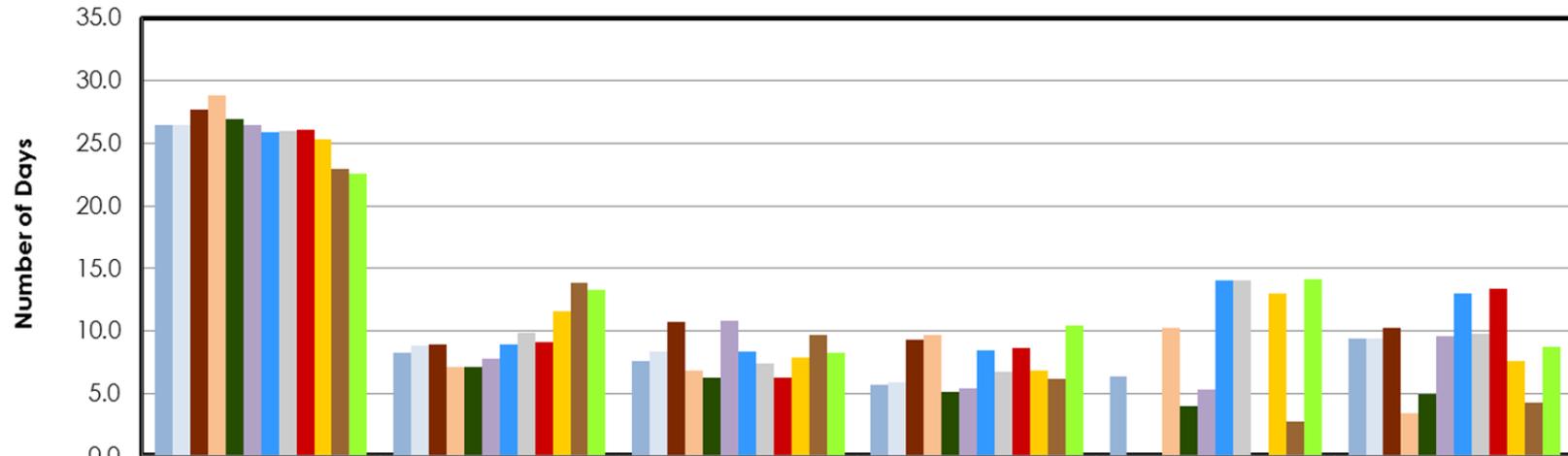
<sup>8</sup> Specialty Care Services refer to non-Primary Care and non-Mental Health services provided by a physician.

<sup>9</sup> Ancillary Services refer to non-Primary Care and non-Mental Health services that are not provided by a physician.

<sup>10</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

## PACT Compass Metrics

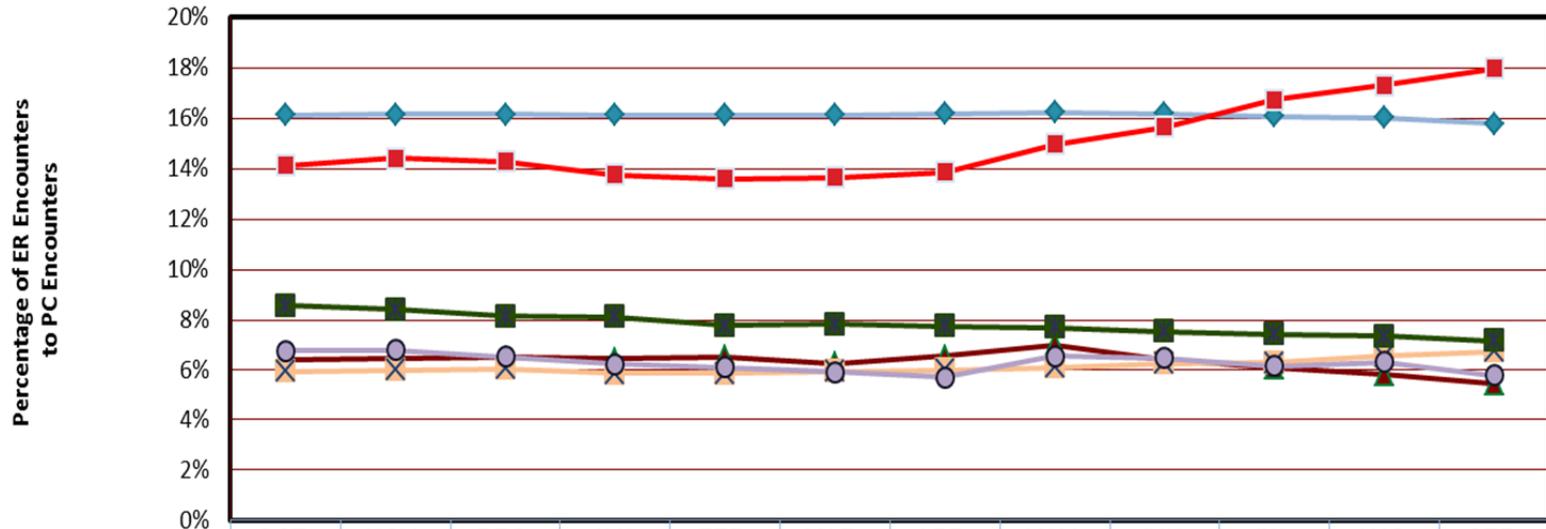
### FY 2014 New Primary Care Patient Average Wait Time in Days



	VHA Total	(676) Tomah	(676GA) Wausau	(676GC) La Crosse	(676GD) Wisconsin Rapids	(676GE) Clark County
■ OCT-FY14	26.5	8.3	7.6	5.7	6.3	9.4
■ NOV-FY14	26.5	8.9	8.3	5.9		9.4
■ DEC-FY14	27.7	8.9	10.8	9.3	0.0	10.3
■ JAN-FY14	28.9	7.2	6.9	9.7	10.3	3.4
■ FEB-FY14	26.9	7.1	6.3	5.2	4.0	5.0
■ MAR-FY14	26.4	7.8	10.8	5.4	5.3	9.6
■ APR-FY14	25.9	8.9	8.4	8.4	14.0	13.0
■ MAY-FY14	26.0	9.8	7.4	6.8	14.0	9.8
■ JUN-FY14	26.1	9.1	6.3	8.6		13.4
■ JUL-FY14	25.3	11.6	7.8	6.9	13.0	7.6
■ AUG-FY14	23.0	13.9	9.7	6.2	2.8	4.3
■ SEP-FY14	22.6	13.3	8.3	10.4	14.1	8.7

**Data Definition.**<sup>e</sup> The average number of calendar days between a new patient’s Primary Care appointment (clinic stops 322, 323, and 350), excluding compensation and pension appointments, and the earliest creation date. Blank cells indicate the absence of reported data.

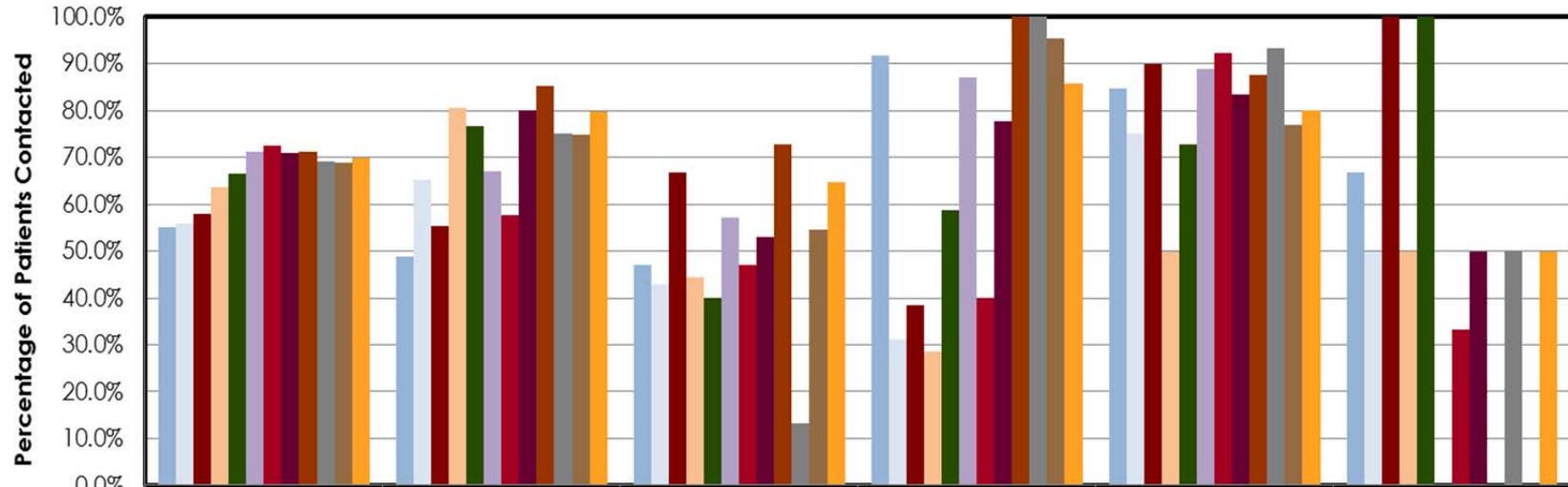
### FY 2014 Ratio of ER Encounters While on Panel to PC Encounters While on Panel (FEE ER Included)



	OCT-FY14	NOV-FY14	DEC-FY14	JAN-FY14	FEB-FY14	MAR-FY14	APR-FY14	MAY-FY14	JUN-FY14	JUL-FY14	AUG-FY14	SEP-FY14
VHA Total	16.1%	16.2%	16.1%	16.1%	16.1%	16.1%	16.2%	16.2%	16.2%	16.1%	16.0%	15.8%
(676) Tomah	14.1%	14.4%	14.3%	13.8%	13.6%	13.6%	13.9%	15.0%	15.7%	16.7%	17.3%	18.0%
(676GA) Wausau	6.4%	6.5%	6.5%	6.5%	6.5%	6.3%	6.6%	7.0%	6.4%	6.1%	5.8%	5.5%
(676GC) La Crosse	6.0%	6.0%	6.1%	5.9%	5.9%	6.0%	6.0%	6.1%	6.3%	6.3%	6.6%	6.8%
(676GD) Wisconsin Rapids	8.6%	8.4%	8.2%	8.1%	7.8%	7.8%	7.7%	7.7%	7.6%	7.4%	7.4%	7.2%
(676GE) Clark County	6.8%	6.8%	6.5%	6.3%	6.1%	5.9%	5.7%	6.6%	6.5%	6.2%	6.3%	5.8%

**Data Definition.**<sup>e</sup> This is a measure of where the patient receives his primary care and by whom. A low percentage is better. The formula is the total VHA ER/Urgent Care/FEE ER encounters while on panel (including FEE ER visits) divided by the number of Primary Care encounters while on panel with the patient’s assigned primary care (or associate) provider plus the total VHA ER/Urgent Care/FEE ER encounters (including FEE ER visits) while on panel plus the number of Primary Care encounters while on panel with a provider other than the patient’s Primary Care Provider/Associate Provider.

### FY 2014 Team 2-Day Contact Post Discharge Ratio



	VHA Total	(676) Tomah	(676GA) Wausau	(676GC) La Crosse	(676GD) Wisconsin Rapids	(676GE) Clark County
■ OCT-FY14	55.1%	48.9%	47.1%	91.7%	84.6%	66.7%
■ NOV-FY14	55.9%	65.1%	42.9%	31.3%	75.0%	50.0%
■ DEC-FY14	57.8%	55.2%	66.7%	38.5%	90.0%	100.0%
■ JAN-FY14	63.6%	80.4%	44.4%	28.6%	50.0%	50.0%
■ FEB-FY14	66.4%	76.7%	40.0%	58.8%	72.7%	100.0%
■ MAR-FY14	71.2%	67.0%	57.1%	87.0%	88.9%	0.0%
■ APR-FY14	72.6%	57.7%	47.1%	40.0%	92.3%	33.3%
■ MAY-FY14	70.8%	80.0%	52.9%	77.8%	83.3%	50.0%
■ JUN-FY14	71.3%	85.3%	72.7%	100.0%	87.5%	
■ JUL-FY14	69.1%	75.0%	13.3%	100.0%	93.3%	50.0%
■ AUG-FY14	68.9%	74.7%	54.5%	95.2%	76.9%	0.0%
■ SEP-FY14	69.8%	79.7%	64.7%	85.7%	80.0%	50.0%

**Data Definition.**<sup>e</sup> The percent of discharges (VHA inpatient discharges) for the reporting timeframe for assigned Primary Care patients where the patient was contacted by a member of the Patient Aligned Care Team the patient is assigned to within 2 business days post discharge. Discharges resulting in death and discharges where a patient is readmitted within 2 days of discharge are excluded from this metric. Blank cells indicate the absence of reported data.

## VISN Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** December 4, 2014

**From:** Acting Network Director, VA Great Lakes Health Care System  
(10N12)

**Subject:** Review of CBOCs and OOCs of Tomah VA Medical Center,  
Tomah, WI

**To:** Director, Chicago Office of Healthcare Inspections (54CH)

Director, Management Review Service (VHA 10AR MRS OIG CAP  
CBOC)

1. Attached please find the Wausau CBOC and OOC response to the draft report from the Tomah VA Medical Center, Tomah, WI review.
2. I have reviewed the completed response.
3. I appreciate the Office of Inspector General's efforts to ensure high quality of care to veterans at the Tomah VAMC.



Renee Oshinski

## Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** December 4, 2014

**From:** Director, Tomah VA Medical Center (676/00)

**Subject:** **Review of CBOCs and OOCs of Tomah VA Medical Center,  
Tomah, WI**

**To:** Director, VA Great Lakes Health Care System (10N12)

Thank you for the opportunity to view the draft report of the Wausau Community Based Outpatient Clinic, Tomah Veterans Affairs Medical Center. I have reviewed the document and concur with the recommendations.

Corrective action plans have been established with planned completion dates, as detailed in the attached report. If additional information is needed please contact my office at (608) 372-1777.



Mario V. DeSanctis, FACHE  
Medical Center Director

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### **OIG Recommendations**

**Recommendation 1.** We recommended that managers ensure review of the hazardous materials inventory occurs twice within a 12-month period at the Wausau CBOC.

Concur

Target date for completion: January 31, 2015

Facility response: The Wausau CBOC Nurse Manager will complete a review of the hazardous materials inventory each January and June. The list of hazardous materials will be provided to the Industrial Hygienist who will verify that the items listed are accurately reflected on the electronic listing of Safety Data Sheets (SDS).

**Recommendation 2.** We recommended that hand hygiene compliance be monitored at the Wausau CBOC and reported to the Infection Control Committee.

Concur

Target date for completion: April 30, 2015

Facility response: The Wausau Nurse Manager will provide 10 hand hygiene monitors per month to the Infection Control Nurse. This data will be reported through the Infection Control Committee to ensure that 90 percent compliance with hand hygiene is reached and sustained. Reporting will be reflected at the bi-monthly Infection Control Committee meetings.

**Recommendation 3.** We recommended that privacy is provided for veterans in the examination rooms at the Wausau CBOC.

Concur

Target date for completion: December 31, 2014

Facility response: The Wausau CBOC Nurse Manager has submitted a work order to have the Women Veteran's exam room bathroom rekeyed. Each Women Veterans exam room will have a key to open the shared bathroom. The key for each door will be kept secured in the corresponding attached examination room and will remain secured until a Women Veteran's exam is initiated. At that time, the female patient will be provided the key to the bathroom. Upon completion of the exam the key will be returned to the Wausau CBOC staff and secured. This will allow additional security as

the female patient in the restroom will still be able to lock the doors for privacy and any patient in the adjoining exam room will have their side of the door locked to prevent accidental entry into the wrong room. This shared Women Veteran's bathroom does have an emergency pull cord, and an additional key to the bathroom door will be maintained by the Wausau CBOC Nurse Manager in case of an emergency.

**Recommendation 4.** We recommended that the information technology server closet at the Wausau CBOC is maintained according to information technology safety and security standards.

Concur

Target date for completion: February 2015

Facility response: On November 29, 2014, the Wausau CBOC Nurse Manager was added to the list of approved staff that may access the information technology server closet at the Wausau CBOC. IT server closet log will be utilized to track entry into the closet. The log will be reviewed monthly by Tomah OIT to ensure only authorized persons access the IT server closet.

**Recommendation 5.** We recommended that the staff at the Wausau CBOC receive regular information/updates on their responsibilities in emergency response operations.

Concur

Target date for completion: April 30, 2015

Facility response: The Tomah VAMC Emergency Manager has expanded the communication distribution notification system to include the Wausau CBOC. Email messages will be reviewed to ensure that 90 percent of Wausau CBOC personnel receive communications of emergency preparedness.

The Emergency Manager has provided updated Emergency Guidebooks to the Wausau CBOC. The books are standardized emergency operations plans that provide guidance on staff responsibilities during an emergency. These books have emergency contact numbers unique to the local Wausau area.

**Recommendation 6.** We recommended that the staff at the Wausau CBOC participate in scheduled emergency management training and exercises.

Concur

Target date for completion: April 30, 2015

Facility response: The Emergency Manager has scheduled four drills and/or exercises for the Wausau CBOC from November 2014, through April 2015. Attendance at drills will be monitored to ensure at least 90 percent of Wausau CBOC staff participates.

**Recommendation 7.** We recommended that clinic staff consistently complete diagnostic assessments for patients with a positive alcohol screen.

Concur

Target date for completion: April 30, 2015

Facility response: The Tomah VAMC has developed a standard operating procedure (SOP) to address the Alcohol Use Disorders Identification Test Consumption (AUDIT-C) screening process. Ten monthly chart audits will be completed to monitor for compliance with this process. Monitoring will continue until 90 percent or better compliance with completion of diagnostic assessments for patients with a positive AUDIT-C screen is obtained.

**Recommendation 8.** We recommended that RN Care Managers receive motivational interviewing and health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: June 30, 2015

Facility response: The Tomah VAMC will provide Motivational Interviewing (MI) training monthly. The class will rotate with every other month offering either Part I or Part II. MI Part I will be incorporated into PACT Module I so that they can be offered on the same date, easing the process to schedule staff. TEACH health coaching training will be offered on a quarterly basis. TEACH training was provided in November 2014, and is already scheduled for March 2015, June 2015, and August 2015. Each new RN Care Manager appointed to PACT will have TEACH and MI training assigned in TMS for completion within 12 months of assignment date. This will be monitored until 90 percent or better compliance with RN Care Manager training is achieved.

**Recommendation 9.** We recommended that providers and clinical associates in the outpatient clinics receive health coaching training within 12 months of appointment to Patient Aligned Care Teams.

Concur

Target date for completion: June 30, 2015

Facility response: The Tomah VAMC will provide Motivational Interviewing (MI) training monthly. The class will rotate with every other month offering either Part I or Part II. MI Part I will be incorporated into PACT Module I so that they can be offered on the same date, easing the process to schedule staff. TEACH health coaching training will be offered on a quarterly basis. TEACH training was provided in November 2014, and is already scheduled for March 2015, June 2015, and August 2015. Each new Provider and/or LPN appointed to PACT will have TEACH and MI training assigned for completion within 12 months of assignment date. With each new Provider and/or LPN

assigned to PACT assignments in TMS will be created for both TEACH and MI training with a 12 month end date/due date. This will be monitored until 90 percent or better compliance with Provider and Clinical Associate (LPN) training is achieved.

**Recommendation 10.** We recommended that clinic staff ensures that written patient educational materials provided to patients prior to or at the time of consent for HIV testing include all required elements.

Concur

Target date for completion: March 31, 2015

Facility response: The Tomah VAMC has incorporated a prompt for provision of written educational materials on Human Immunodeficiency Virus (HIV) testing into the Annual Preventive Health Screen (APHS). This standardized education on HIV will be offered to both patients who request HIV testing and patients who decline HIV testing. This process will be monitored to ensure 90 percent or better compliance over a period of at least three months.

## Office of Inspector General Contact and Staff Acknowledgments

---

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
<b>Inspection Team</b>	Wachita Haywood, RN Jennifer Reed, RN, MSHI
<b>Other Contributors</b>	Judy Brown, Program Support Assistant Shirley Carlile, BA Lin Clegg, PhD Sheila Cooley, GNP, MSN Marnette Dhooghe, MS Wachita Haywood, RN Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

---

## Report Distribution

### VA Distribution

Office of the Secretary  
Veterans Health Administration  
Assistant Secretaries  
General Counsel  
Director, VA Great Lakes Health Care Center (10N12)  
Director, Tomah VA Medical Center (676/00)

### Non-VA Distribution

House Committee on Veterans' Affairs  
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and  
Related Agencies  
House Committee on Oversight and Government Reform  
Senate Committee on Veterans' Affairs  
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and  
Related Agencies  
Senate Committee on Homeland Security and Governmental Affairs  
National Veterans Service Organizations  
Government Accountability Office  
Office of Management and Budget  
U.S. Senate: Tammy Baldwin, Ron Johnson  
U.S. House of Representatives: Sean P. Duffy, Glenn Grothman, Ron Kind

This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

<sup>a</sup> References used for the EOC review included:

- International Association of Healthcare Central Services Materiel Management, *Central Service Technical Manual*, 7<sup>th</sup> ed.
- Joint Commission, *Joint Commission Comprehensive Accreditation and Certification Manual*, July 1, 2014.
- US Department of Health and Human Services, Health Insurance Portability and Accountability Act, *The Privacy Rule*, February 16, 2006.
- US Department of Labor, Occupational Safety and Health Administration, *Laws and Regulations, 1910 General Industry Standards*.
- US Department of Labor, Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence*, 2004.
- VA Directive 0059, *VA Chemicals Management and Pollution Prevention*, May 25, 2012.
- VA Handbook 6500, *Risk Management Framework for VA Information System*, September 20, 2012.
- VHA Center for Engineering, Occupational Safety, and Health, *Online National Fire Protection Association Codes, Standards, Handbooks, and Annotated Editions of Select Codes and Standards*, July 9, 2013.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- VHA Directive 2012-026, *Sexual Assaults & Other Defined Public Safety Incidents in VHA Facilities*, September 27, 2012.
- VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

<sup>b</sup> References used for the AUD review included:

- VHA Handbook 1101.10, *Patient Aligned Care Teams (PACT)*, February 5, 2014.
- VHA Handbook 1120.02, *Health Promotion Disease Prevention (HPDP) Program*, July 5, 2012.
- VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *HealthPOWER Prevention News, Motivational Interviewing*, Summer 2011. Accessed from:
- [http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER\\_Prevention\\_News\\_Summer\\_2011.asp](http://www.prevention.va.gov/Publications/Newsletters/2011/HealthPOWER_Prevention_News_Summer_2011.asp)
- VHA National Center for Prevention (NCP). *NCP Training Resources*. Accessed from: [http://vaww.infoshare.va.gov/sites/prevention/NCP\\_Training\\_Resources/Shared%20Documents/Forms/AllItems.aspx](http://vaww.infoshare.va.gov/sites/prevention/NCP_Training_Resources/Shared%20Documents/Forms/AllItems.aspx)

<sup>c</sup> References used for the HIV Screening review included:

- Centers for Disease Control and Prevention, *Testing in Clinical Settings*, June 25, 2014. <http://www.cdc.gov/hiv/testing/clinical/> Accessed July 18, 2014.
- VHA Assistant Deputy Under Secretary for Health for Clinical Operations Memorandum, *VAIQ #741734 – Documentation of Oral Consent for Human Immunodeficiency Virus (HIV) Testing*, January 10, 2014.
- VHA Directive 2008-082, *National HIV Program*, December 5, 2008.
- VHA Directive 2009-019, *Ordering and Reporting Test Results*, March 24, 2009.
- VHA Directive 2009-036, *Testing for Human Immunodeficiency Virus in Veterans Health Administration Facilities*, August 14, 2009.
- VHA Handbook 1004.01, *Informed Consent for Clinical Treatments and Procedures*, August 14, 2009.
- VHA National Center for Health Promotion and Disease Prevention (NCP), *Screening for HIV*, June 23, 2014. [http://vaww.prevention.va.gov/Screening\\_for\\_HIV.asp](http://vaww.prevention.va.gov/Screening_for_HIV.asp) Accessed July 18, 2014.
- VHA Under Secretary for Health Information, *Letter IL 10-2010-006, Use of Rapid Tests for Routine Human Immunodeficiency Virus Screening*, February 16, 2010.

<sup>d</sup> References used for the Outpatient Documentation review included:

- VHA Handbook 1907.01, *Health Information Management and Health Records*, September 19, 2012.
- VHA Handbook 1907.01, *Health Information Management and Health Records*, July 22, 2014.

<sup>e</sup> Reference used for PACT Compass data graphs:

- Department of Veterans' Affairs, *Patient Aligned Care Teams Compass Data Definitions*, June 24, 2014.